MSDB LEARNING WEEKEND 2014 Registration (please check one)

	 □ Blind Learning Weekend – June 6-8, 2014 (May 21th application deadline) □ Deaf Learning Weekend – June 13-15, 2014 (May 21th application deadline) 										
	Name:			Phone #							
	Address			Town	Zip						
	Email										
	Names and ages of all family members attending:										
	<u>Name</u>	<u>Age</u>	<u>T-shirt</u> <u>Size</u>	<u>Name</u>	<u>Age</u>	<u>T-shirt</u> <u>Size</u>					
3.	Check the sessions you will be attending: Friday evening Saturday morning			Saturday afternoon Sunday morning							
4.	Will you be staying overnight on campus? Yes No			Number of people							
5.	Will you need baby-sitting services (for birth to 3)? Yes No Number of children										
6.	. List any special needs (physical accommodations, dietary, etc). We will do our best to meet your request.										
7.	Do you need an int	erpreter for th	ne parent sess	sions? Yes No)						
Pie Su Mo 39	pace Available on Fease complete and rummer Programs - contana School for the 11 Central Avenue reat Falls, MT 5940	eturn by May Learning We the Deaf and	21 st (Registrati ekend 2014	S <i>iS</i> on Deadline for both weeke	nds is May 21 ^{si}	t) to:					

If you have any questions,

6.

7.

Deaf Learning Weekend — Sarah Eyer (788-3453), Cathy Jury (579-4641), Jim Cline (360-8522), Michelle Knecht (781-3958), Laura Copp (600-2043), Emily LaSalle (461-1294), Jennifer Wasson (771-6143), Kitty Griffin (925-1208), Donna Sorensen (771-6091) or Jim Kelly (771-6120)

Blind Learning Weekend - Barb Balko-Rolf (544-7537), Pam Boespflug (788-3452), Kerri Norick (599-3176), Jane Garrison (471-0225), Steve Fugate (670-3569), Sharon Woods (629-0111), Amy Wicks (399-6936), Donna Sorensen (771-6091) or Jim Kelly (771-6120)

PERSONAL RELEASE and PICTURE/MEDIA RELEASE

The directors, agents and employees of the Montana School for the Deaf and the Blind are hereby released, acquitted and discharged from any claim for damage or suit by reason of injury, illness or damage to person or property during the course of this program including transportation to and from any event. In that regard, We/I hereby covenant that on our/my behalf the below named shall not file a claim or bring suit with respect to any such injury or damage.

We/I do/do not (circle one) give permission for my child(ren) to be specifically interviewed or photographed by newspaper, TV, radio or other media personal. This release will also allow use of family photo's (taken during the weekend), quotes, etc., to be used in future information about the Learning Weekend.

We/I, the undersigned, are/a	am Parent/Gu	ardian of (list ch	ildren):	,,
,	,	,	,	,
,		,,		,
Signature of Parer		Date		
Signature of Parer		Date		
	COD	E OF CONDU	JCT	
We/I acknowledge that alcol participant(s) are grounds fo				
<u>Name</u>	<u>Date</u>	<u>Na</u>	<u>me</u>	<u>Date</u>
Signature of Parent/Guardian		Signature of P	arent/Guardian	<u> </u>
Signature of Participant Signature of Participant		Signature o	- 	
		Signature o	f Participant	-
Signature of Participant		Signature of Participant		
DEAF FLW: On Saturday afternoon the *Select which you would like to as	•			
Session Offerings	The second second	12:45-2:00 (check one)	2:15-3:30 (check one)]
OPI – IEP's ASL – Donna Sorensen		(0.1001.0110)	(51.001.01.0)	
VR 101 – Shawn Tulloch				-

**Parents Please Note:

Dr. Hillary Carter - Hearing Aid Info

Although we encourage families to bring all the siblings to be a part of this fantastic learning experience, we expect the older children be willing participants as well. The past several years we have encountered older siblings not willing to participate in the groups and have demonstrated behavior that is not appropriate for such a weekend. It is advisable that each family discuss this with their children to determine if they are willing to follow the program as established by the planning committee. We expect the older children to serve as role models for the younger students and to make the Learning Weekend a fun and positive experience.